

of 1913, hereby modifies the above-mentioned quarantine order as follows:

Quarantine shall be defined as the confinement of all dogs and cats within the designated area upon the private premises of the owners under restraint by leash or closed cage or paddock, except that persons over the age of fifteen years shall be permitted to take their dogs and/or cats on the public streets and highways when such animals are controlled by suitable leash not over five feet in length, and when so controlled may also take them on the highway in automobiles; *except* that those dogs and cats, quarantined as rabies contacts and confined to their premises or such other place as may be designated by the health officer or his representative, shall not be permitted to leave the designated premises upon which they are confined.

March 2, 1938.

W. M. DICKIE, M.D.,

*Director of Public Health and Executive
Secretary, State Board of Public Health.*

Concerning Portland meeting of American Public Health Association: Western Branch.

To the Editor:—May we ask you to call the attention of your readers to the fact that the Western Branch, American Public Health Association, will hold its ninth annual meeting in Portland, Oregon, June 6, 7, and 8, 1938. The program will be devoted to discussion of public health matters of special interest to the West, and will present speakers of national and western prominence.

Inquiries should be addressed to Dr. William Levin, State Department of Health, 816 Oregon Building, Portland, or to the undersigned.

Sincerely yours,

W. P. SHEPARD, M.D.,
Secretary.

Concerning Child Health Day, Sunday, May 1, 1938.

U. S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU
WASHINGTON

To the Editor:—Dr. W. W. Bauer, Director, Bureau of Health and Public Instruction of the American Medical Association, has suggested that we send to you the enclosed Suggestions for the Observance of May Day—Child Health Day, 1938—with the request that you give some notice to it in your state medical journal. . . .

Sincerely yours,

KATHARINE F. LENROOT,
Chief, Children's Bureau.

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(COPY)

May Day—Child Health Day, 1938

Sunday, May 1

Supplementary Observance, April 30 and May 2

Suggestions for Observance

Child Health Day activities are sponsored by the Children's Bureau at the request of the State and Provincial Health Authorities of North America in accordance with the Congressional Resolution of May 18, 1928, which authorized the President to proclaim May Day as Child Health Day.

Slogan.—Speed children on the road to health.

Objective.—Every community to make full use of its resources in order to insure to children safe birth, normal growth, and protection against disease and accident in their progress from infancy to maturity.

Leadership.—State May Day chairmen appointed by State health officers arrange for the coöperation of State and local public agencies and private organizations in planning May Day activities that will contribute to year-round child-health activities. State departments of education co-operate in planning school Child Health Day programs.

Program.—For community groups: (1) Review of local child-health activities; (2) planning for the extension and

improvement of child-health programs; and (3) presentation of special child-health needs requiring the attention of parents and others in the community.

By children: Exhibits, demonstrations, programs, plays, games, and festivals, illustrating the health needs of children, healthful activities, and progress made during the year in their knowledge concerning the protection of their own health and of the health of the community.

For the general public: News stories, radio talks, speeches, posters, exhibits.

For information on State programs, write to State May Day Chairman, State Department of Health.

COMMITTEE OF REVISION OF THE

PHARMACOPOEIA OF THE UNITED STATES OF AMERICA
1930-1940

*Announcement by the U. S. P. Anti-Anemia Products
Advisory Board Concerning Liver Preparations
Conforming to U. S. P. Standards*

To the Editor:—When liver and stomach preparations were admitted to the U. S. Pharmacopoeia, Eleventh Edition, it was recognized that these products presented a different problem, from the viewpoint of standardization, than any question previously before the Pharmacopoeia.

As no ordinary methods for standardization or testing were available, an Advisory Board, made up of specialists in the treatment of anemia, was appointed. This Board established methods for determining the value of anti-anemia products, and the basis for a U. S. P. "unit of potency." They also issued forms for reporting evidence of clinical value and announced regulations for indicating the potency of U. S. P. products and for the wording of the labels.

On the invitation of the Board, a large number of clinical reports were submitted by manufacturers in evidence of the value of their products, and the Anti-Anemia Board, after reviewing these records, herewith submit their conclusions. This first report lists the products which have been approved up to this time as complying with the U. S. P. specifications and the firms authorized to sell or distribute them.

As is probably generally known, only a relatively small group of manufacturers have provided the necessary hospital facilities for checking the clinical value of anti-anemia products as required by the Board, and several of these distribute their products through the medium of other pharmaceutical firms.

Having been supplied with adequate clinical evidence of the efficiency of a manufacturer's product and having accepted it as of U. S. P. grade with a specific dose, the Anti-Anemia Board, on request, have also authorized the distribution of some of these approved products by other firms when the firms have given assurance that their handling of the products will in no way alter its quality or potency. No doubt the Board will later report additional approved preparations and firms.

Any assistance which you can give in extending publicity to this report will be appreciated.

Forty-third Street and Woodland Avenue,
Philadelphia, Pa.

Respectfully,

E. FULLERTON COOK.

Concerning rehabilitation of mental defectives.

To the Editor:—Dr. Walter E. Fernald, one of the greatest pioneers in the treatment of the mentally deficient, once said:

"There is no panacea for feeble-mindedness. There will always be mentally defective persons in the population of every state and country. All of our experience in dealing with the feeble-minded indicates that if we are adequately to manage the individual defective, we must recognize his condition while he is a child, protect him from evil influences, train and educate him according to his capacity, make him industrially efficient, teach him to acquire correct